

Study of Association between Social Adjustment and Spiritual Health in Qom University of Medical Sciences Students

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Zahra Aliakbarzadeh Arani¹, Hamid Asayesh², Mahsa Haji Mohammad Hoseini³

1 Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran.

2 Department of Medical Emergency, Faculty of Paramedical, Qom University of Medical Sciences, Qom, Iran.

3 Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran

Abstract

Background and Objectives: Admission to university is considered an opportunity to learn more and mentally grow further. At the same time, it is considered a stressor by some students and causes maladaptive reactions in them. This study was conducted to investigate the association between social adjustment and spiritual health in university students.

Methods: Two hundred and fifty students were enrolled in this descriptive-analytical, cross-sectional study according to random, systematic sampling. The used instruments were Bell Adjustment Inventory, consisting of 32 items, with 89% reliability coefficient and Paloutzian & Ellison Spiritual Well-Being Scale, consisting of 20 items, with validity and reliability of 79% and 82%, respectively. Data were analyzed by descriptive statistics, Pearson's correlation coefficient, and univariate and multivariate linear regression in SPSS 16.

Results: Women comprised 50.2% of the participants. The mean (SD) age of the participants was 21.72 (5.02) and only 18.4% were married. Social adjustment was significantly correlated with total score of spiritual health and scores of the subscales religious health and existential health ($P < 0.001$).

Conclusion: Because social adjustment was moderate among Qom University of Medical Sciences students, and in the light of the association between spiritual health and social adjustment, group and individual counseling services can be delivered to students with low levels of social adjustment in universities to help them improve their social and spiritual health.

Keywords: Health, Social Adjustment, Spiritual Health, Students.

* **Correspondence:** Should be addressed to Ms. Zahra Aliakbarzadeh Arani. **Email:** zaliakbarzade@muq.ac.ir

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Introduction

When admitted to university after passing the university entrance exam, one faces new conditions that he/she should be adjusted to (1). Social adjustment which has been addressed as one of the most important signs of mental health has recently attracted psychologists', especially educators', much attention (2). To identify social adjustment-associated factors, many studies have been conducted on general population. However, specific subpopulations, for example, students of medical universities especially medical students who need to establish social adjustment to general population, have been less frequently

investigated (3). Increased referral of students to student counseling centers

represents growing psychological, social, and academic problems in this subpopulation (4). The studies conducted in Iran and other countries have indicated that religious beliefs and sociopolitical attitudes are considered to predict and be associated with social adjustment among the students, and affect spirituality, emotions, and social functions. Out of 114 quantitative studies that investigated the association of religiosity with positive emotions and appropriate social relationships, 91 studies reported positive and significant correlation (5). For many decades, health has been investigated and analyzed according physical, mental, and social aspects. Russel

and Osman's recommending inclusion of spiritual health in measurement of health caused health experts to address an important aspect of individual and social life (6). Today's medicine acknowledges a close association between physical and mental health (7). Therefore, spiritual health may refer to a sense of having relationship with others, and meaning and purpose in life as well as having faith in and connection with a higher power (8). Spirituality has been reported to be closely associated with general health such that spirituality is considered an important source to adjust to stressors (9). Regarding spiritual health's contribution to daily life, a study reported that spiritual health was positively correlated with different domains of quality of life and life satisfaction in nursing staff (10). Schloderman et al.'s study on 443 male and female students too demonstrated that religious commitment, innate religiosity, and religious practices were positively, significantly correlated with psychosocial adjustment such that innate religiosity and religious commitment were reported to be the best predictors of social adjustment among the students (11). Since students are considered to be one of the most important effective forces on development in any countries, and the prevalence of psychiatric, social, and spiritual disorders among them can lead to waste of material and spiritual assets, then investigating status of social adjustment and spiritual health as well as analyzing associated and effective factors among them can contribute to flourishing of this vulnerable stratum of the community so that the resulting positive and influencing outcomes accrue to the whole population in the long term. Accordingly, in the light of the significance of social adjustment and spiritual health as well as very few studies already conducted on this issue in students, the present study was conducted to investigate the association between social adjustment and spiritual health among medical students so that some strategies may be offered to improve these variables among the students as much as possible.

Methods

This cross-sectional, descriptive, analytical study was conducted on 250 students of Qom University of Medical Sciences randomly selected in 2015-2016. Sample size was calculated by a sample size formula according to the correlation coefficient. The students were selected according to systematic random sampling. To achieve this purpose, a list of names of all students of the university was developed and then samples randomly selected according to random number table. The inclusion criteria were no previous definite diagnosis of psychiatric disorder for which being currently under treatment according to one's own statements and available medical files, and being student at the time of completing questionnaires.

First, the study protocol was approved at the Research Council of the Qom University of Medical Sciences (Ethics Code no.: MUQ.REC.1394.97) and all the participants provided oral consent to participate in the study, and were ensured that data would be kept anonymous and used only for research purposes.

Data were gathered using questionnaire. The used scale to investigate social adjustment was derived from Bell Adjustment Inventory developed by Bell in 1961. Bell developed two scales, one of which is to investigate adjustment in students and the other one in adults. Both of them consist of five aspects of adjustment, including social adjustment. Higher scores for this scale represent higher levels of social adjustment. Bell has reported the reliability coefficient of this questionnaire for social adjustment to be 0.88. Bahrami translated this scale into Persian, revised, and then randomly administered it to 200 people. Cronbach's alpha coefficient of the Persian version was derived 0.89. Moreover, Abdifard's study on 15 MA/MS students of the University of Mashhad reported the scale's Cronbach's alpha coefficient to be 0.88 (12). To investigate spiritual health, Paloutzian & Ellison Spiritual Well-Being Scale was used.

This scale consists of 20 items, 10 of which are to investigate religious health and the rest existential health. The items are rated by a 6-

point Likert scale, from strongly disagree to strongly agree, the total score ranges from 20 to 120, and higher scores represent higher levels of spiritual health. Spiritual health was divided into three levels: low (the scores 20-40), moderate (41-99), and high (100-120). Generally, this scale assesses the main philosophy of life, the outcome of having purpose and meaning in life, love, and forgiveness. Existential health refers to sense of purposefulness and life satisfaction, and religious health refers to satisfaction with connection with a higher power or God. Rezaei et al.'s study, conducted in Tehran, confirmed internal consistency of this scale with Cronbach's alpha coefficient of 0.79 (13). Seyyedfatemi et al.'s study investigated and confirmed this scale's validity through content validity and reported Cronbach's alpha coefficient, i.e. reliability, 82% for this scale (14). The data were analyzed by descriptive statistics, Pearson's correlation coefficient, and univariate and multivariate linear regression in SPSS 16.

Result

Out of the participants, 50.2% were women and the mean (standard deviation) age of the participants was 21.72 (5.02) years old. The total grade point average of students was 16.65 ± 1.53 . Only 18.4% of the participants were married (Table 1).

Table 1. Demographic characteristics of the students

Variable		No (%)
Gender	Male	124(49.8)
	Female	126(5.02)
Marital status	Single	204(81.6)
	Married	46(18.4)
Attending religious ceremonials	Rarely	30(12)
	Infrequently	40(16)
	Sometimes	127(50.8)
	Always	53(21.2)

The mean (SD) scores of social adjustment and spiritual health are shown in Table 2, and according to the quartiles, 26.9% of the students had low social adjustment, 49.8% moderate social adjustment, and 23.3% high social adjustment. Social adjustment was

Table 2. Mean and correlation coefficients between spiritual health and social adjustment

	Mean±SD	Min	Max	Pearson's correlation coefficient	P-value
Social adjustment	12.38±5.81	1	30	-	-
Religious health	48.62±8.06	25	75	0.24	<0.0001
Existential health	44.26±9.25	13	87	0.34	<0.0001
Spiritual health total score	92.88±15.35	46	137	0.33	<0.0001

significantly correlated with both total score of spiritual health and the scores of religious health and existential health ($P < 0.001$) (Table 2). Moreover, age, gender, marital status, and the students' grade point average (GPA) were not significantly associated with social adjustment ($P > 0.05$).

According to the multivariate model, only existential health was found to be significantly associated with social adjustment and could predict 12% of variations in social adjustment (Table 3).

Table 3. Prediction of variations in social adjustment using spiritual health (multivariate linear regression model)

Independent variables	B	SE	B	T	P
Religious health	0.04	0.05	0.06	0.92	0.35
Existential health	0.19	0.30	0.30	4.18	0.000

Discussion

Young people need to understand their own identity to participate in social situations, discover their own interests and capabilities, acquire and learn social skills, understand others' needs, and learn how to live with others. Therefore, each of these needs can be met in groups and the community through social adjustment (13). The present study indicated that social adjustment was significantly correlated with both total score of spiritual health and the scores of religious health and existential health. Consistently, Pournikdast et al. found that adolescents with higher religious attitudes had higher adjustment (15), which is consistent with some other studies (16-18). However, the findings of the present study are inconsistent with Kezdy et al.'s study that reported an inverse relationship between religious attitude and spiritual health in adolescents (19).

It can be argued that certain factors such as positive attitude toward religion and development of hope and motivation, meaning and purpose in life and more comfortable acceptance of traumatic events, sense of control and prediction through certain practices such as praying and adopting appropriate

decision-making patterns especially in life tribulations, cohesion of social and religious groups, and being supported by these groups can explain higher levels of adjustment in people having faith in religious beliefs.

In this study, no significant relationship was derived between age and social adjustment, but Asaroudi et al. found that increase in age caused social aspect quality of life to improve (20). Investigation of social adjustment according to gender in this study demonstrated that social adjustment was not significantly different between girls and boys, which is consistent with Afsharnikan's and Basir Shabestari et al.'s studies (13,21), but inconsistent with Valas's study (22). The current study demonstrated that the students' total GPA was not significantly associated with social adjustment. Although education and learning occur in social environment, and social factors (e.g. group behaviors, social roles, and social adjustment) greatly affect learning and academic achievement, the students who associate with others more frequently in the university and community are more likely to have little interest in learning and curriculum studies, and being involved in social activities keep them far from studies, or vice versa as Yarmohammadian et al.'s study, inconsistent with the present study, demonstrated significant association between social adjustment and academic achievement in students (23).

A limitation of this study, which could not be controlled for, was different living conditions and communication patterns in different families which could affect adjustment of the students. The other limitation was that different people have different stimulation thresholds, which may affect the way respondents respond to a questionnaire's items.

Conclusion

Taken together, this study demonstrated that social adjustment was moderate among the students of the studied university. In the light of the association between spiritual health and social adjustment, group and individual counseling services can be delivered to students with low levels of social adjustment in

universities to help them improve their social and spiritual health. Moreover, policy-makers and professionals of health system should develop practical policies that lead to enhanced adjustment and strengthened religious beliefs and therefore reduced mental stress and enhanced health among students.

Conflict of interest

The authors declare no conflict of interest.

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